

FAUQUIER COUNTY GOVERNMENT AND PUBLIC SCHOOLS

**PROCUREMENT DIVISION**

320 Hospital Drive Ste. 23

Warrenton, Virginia 20186

Phone: (540) 428-8713

Fax: (540) 347-5753

**NOTICE OF CONTRACT AWARD**

1. DATE: December 12, 2005
2. COMMODITY NAME: Medical Services
3. CONTRACT NUMBER: NM09-06C
4. SUPERCEDES: 23-00je
5. CONTRACT PERIOD: December 12, 2005 through December 12, 2006
6. RENEWAL OPTIONS: Four (4) one-year renewals
7. FIRM: Nova Medical Urgent Care Center, Incorporated  
FCG&PS VN: 642078 528 Waterloo Road  
FIN# 202-65-7730 Warrenton, VA 20186  
PH (540) 347-7611 FX (540) 347-7129
8. TERMS: Net 45 days
9. DELIVERY: Physical Exam results within twenty-four hours, with  
blood-work results within one week.
10. FOR FURTHER INFORMATION CONTACT: Susan R. Monaco, CPPB  
PH (540) 428-8713

NOTICE TO ALL FAUQUIER COUNTY GOVERNMENT AND PUBLIC SCHOOL USING DEPARTMENTS: This contract is the result of a competitive bid program and its use must follow the FCG&PS Procurement Policy/Procedures for the purchase of the commodity listed herein. Please see the reverse side of this notice for further instructions regarding this contract.

By: \_\_\_\_\_  
Susan R. Monaco, CPPB  
Procurement Supervisor

## INSTRUCTIONS

1. Orders: All FCG&PS Using Departments must order services listed by issuing FCG&PS Purchase Orders per FCG&PS Procurement Procedures Manual. An extra copy of the Procedures Manual can be obtained by calling Procurement at (540) 428-8717 or 8720.
2. The applicable contract number, vendor number, estimated total dollar amount (can be done as a "Not to exceed" estimated figure), contact person with phone number, and billing/delivery address must be shown on each purchase order for Finance & Firm use.
3. Inspection of services performed and approval of Firm's invoice is the responsibility of the receiving using department.
4. Any complaint as to quality of services, faulty or delinquent delivery, or violation of contract provisions by contractor shall be reported to FCG&PS Procurement for handling with the Firm. All complaints must be submitted in writing and can be forwarded to Procurement via fax or courier.
5. Renewals: As stated on the face of this notice, four (4) one-year renewals are on this contract. Renewal notification will be issued by the Contract Officer, with input requested from the using departments, approximately ninety (90) days in advance of the expiration date of the current term.
6. Price Adjustments: Changes to contract prices will be negotiated only at the time of renewal. All price increases must be approved by the Contract Officer. Contract users will be sent notification of contract change from the Procurement office as official notification of such changes, if approved.
7. Firm Hours, Contact and Billing Information:

<u>Hours:</u>	Monday – Friday, 8:00 a.m. – 8:00 p.m. Saturday, 8:00 a.m. – 3:00 p.m.
<u>Appointment scheduling:</u>	Melissa Sams or Deborah Rhodes, 347-7611
<u>Billing questions:</u>	Lauren Lynham, CPA, CPC, 703-554-1120
<u>Stress Tests:</u>	Provided by Prince William Cardiologist Associates at the Warrenton facility, Monday – Friday, within one to ten days of request.

Using Departments are advised to send a physical form, and cover form (generic form attached for your use) stating date of appointment, full billing address, and all other pertinent information with employee(s) or potential employee(s) at the time of the appointment, for ease of contract/information management.

**Fauquier County Government and Public Schools**

Contract NM09-06C

Medical Services

Contract Price Schedule

**Hair, Drug Screen Collection and Breath Alcohol Test Fees**

**Hair Collection:**

The collection of hair used for drug analysis and the associate paperwork.

*Fee - \$20.00*

**Drug Screen Collection:**

The collection of urine and related paperwork. All DOT collections are performed under DOT 49 CFR, Part 40, by trained personnel.

*Fee: \$20.00*

**Laboratory Fee:**

Urine drug testing at Quest Diagnostics, a SAMHSA and NIDA approved laboratory.

*Fee: \$20.00*

**MRO Fee:**

A Certified Physician Medical Review Officer's review and analysis of the laboratory results, including investigation of positive tests. Required on all DOT urine drug screens.

*Fee: \$25.00*

**Breath Alcohol Test (BAT):**

Test done to determine alcohol content in client's breath after deep lung inhalation. The level of 0.20 and above is the level at which a confirmation test is performed. All breath alcohol tests are conducted in accordance with Rule 49 CFR, Part 40, U.S. Department of Transportation's Alcohol Testing Procedure by Certified Personnel.

*Fee: \$20.00*

**Confirmation Breath Alcohol Test:**

Performed on a client who has a concentration of 0.20 or above on the initial breath alcohol test.

*Fee: \$30.00*

**Fauquier County Government and Public Schools**

Contract NM09-06C

Medical Services

Contract Price Schedule

**Fauquier County Public School Students:**

Procedure	Price
Attention Deficit Disorder (ADD) Exam	\$80.00

**Sheriff's Office Sworn Personnel:**

**(Annual Repeats)**

Procedure	Price
Complete Physical Exam (PEX) including Extensive History (Hx)	\$80.00
Complete Blood Count (CBC)	\$25.00
Complete Metabolic Profile (CMP)	\$65.00
Fasting Lipid Profile (FLP)	\$65.00
Humana Immunodeficiency Virus (HIV)	\$57.00
Urine Drug Screen (UDS) (\$20 collection/\$20 lab/\$25 MRO)	\$65.00
Visual Acuity	\$0
Auditory Acuity	\$73.00
Electrocardiogram (ECG)	\$49.00
Pulmonary Function Test (PFT)	\$90.00
Urinalysis (UA)	\$25.00
Personnel between the ages of 40-49 and 50-over may need additional testing such as Prostate Specific Antigen (PSA) and Exercise Tolerance Test, Standard Bruce Protocol (ETT)	PSA - \$75.00 ETT - \$100.00

**(Pre-Employment Physicals)**

Procedure	Price
Complete Physical Exam (PEX) including Extensive History (Hx)	\$80.00
Complete Blood Count (CBC)	\$25.00
Complete Metabolic Profile (CMP)	\$65.00
Fasting Lipid Profile (FLP)	\$65.00
Humana Immunodeficiency Virus (HIV)	\$57.00
Urine Drug Screen (UDS)	\$65.00
Visual Acuity	\$0
Auditory Acuity	\$73.00
Electrocardiogram (ECG)	\$49.00
Pulmonary Function Test (PFT)	\$90.00
Urinalysis (UA)	\$25.00
Purified Protein Derivative/TB Skin Screening Test (PPD)	\$25.00
Diphtheria-Tetanus (dT) required initially and then every ten years thereafter	\$36.00

**Fauquier County Government and Public Schools**

**Contract NM09-06C  
Medical Services  
Contract Price Schedule**

**Department of Fire & Emergency Services (DFES):**

**Volunteer Fire & Rescue Personnel**

Procedure	Price
Complete Physical Exam (PEx) including Extensive History (Hx)	\$80.00
Complete Blood Count (CBC)	\$25.00
Complete Metabolic Profile (CMP)	\$65.00
Fasting Lipid Profile (FLP)	\$65.00
Urinalysis (UA)	\$25.00
Electrocardiogram (ECG)	\$49.00
Auditory Acuity	\$73.00
Pulmonary Function Test (PFT)	\$90.00
Chest X-Ray (PA only)	\$80.00
Cardiac Stress Test, only as required and only with Owner authorization	\$100.00
Exercise Tolerance Test, Standard Bruce Protocol (ETT)	\$100.00

**Career Fire & Rescue Personnel (Pre-Employment & Annual)**

Procedure	Price
Complete Physical Exam (PEx) including Extensive History (Hx)	\$80.00
Complete Blood Count (CBC)	\$25.00
Complete Metabolic Profile (CMP)	\$65.00
Fasting Lipid Profile (FLP)	\$65.00
Humana Immunodeficiency Virus (HIV)	\$57.00
Urinalysis (UA)	\$25.00
Urine Drug Screen (UDS) (\$20 Collection/\$20 Lab/\$25 MRO)	\$65.00
Purified Protein Derivative/TB Skin Screening Test (PPD)	\$25.00
Diphtheria-Tetanus (dT) required initially and then every ten years thereafter	\$36.00
Auditory Acuity	\$73.00
Pulmonary Function Test (PFT)	\$90.00
Chest X-Ray (PA only)	\$80.00
Cardiac Stress Test, which shall include electrocardiogram (ECG)	\$100.00

**School Bus Drivers**

Procedure	Price
Complete Physical (CPX) (Chest X-Ray & Physical)	\$160.00
Purified Protein Derivative/TB Skin Screening Test (PPD) <i>(New Employees Only)</i>	\$25.00

**Other Personnel Classified as High Risk**

Procedure	Price
Standard Physical Exam	\$80.00

(INSERT YOUR DEPARTMENT LETTERHEAD HERE)

Include a contact person, phone, fax, and e-mail if available, and account number if available

MEDICAL SERVICES, CONTRACT# 09-06C  
Cover Form for Services

Service Provider/Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

The undersigned individual is being sent to your office for the medical service indicated.

**Please provide services solely based on the form attached; any deviation from services, or testing/services provided above and beyond what the form specifically requires, will not be paid for unless prior authorization is received from the billing department listed above.**

Invoices for services rendered must be based on the contract prices on file, and sent directly to the department listed above for payment, which will occur within forty-five (45) days from date of service or receipt of accurate invoice, whichever occurs later. **The attached form is due within twenty-four hours of services rendered, with the exception of blood work which is due within seven business days of samples being drawn; forms will be obtained as noted below.**

Type of Service Provided (Check what applies):

\_\_\_\_\_ Pre-Employment Physical \_\_\_\_\_ Annual Physical \_\_\_\_\_ ADHD Diagnosis, Students

\_\_\_\_\_ Pre-Employment Drug Test \_\_\_\_\_ Drug Test, Random \_\_\_\_\_ Alcohol Test, Random

\_\_\_\_\_ Bus Driver Physical

Patient's Name: \_\_\_\_\_

Print legibly, please

Date/Time of Appointment: \_\_\_\_\_

Billing Account # \_\_\_\_\_

The attached service form, completed in all areas, ready within twenty-four hours of service date, will be obtained by:

\_\_\_\_\_ PICK UP BY DEPARTMENT LISTED ABOVE, or

\_\_\_\_\_ Mailed to Department listed above.

As the Department/Agency listed above is paying for these services, completed forms are not to be sent out with the patient. Any and all invoices and correspondence relating to this service should be sent to the agency specified on the letterhead that appears above. Thank you for your assistance and cooperation!